

RESOLUTION BY:

FINANCE/EXECUTIVE COMMITTEE

00- *R* -2049

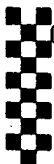
**AUTHORIZING REFUNDS FOR THE OVERPAYMENT OF BUSINESS
LICENSE FEES TO MARVIN F POER & COMPANY #052390LGB IN THE
AMOUNT OF \$5,249.81; AND FOR OTHER PURPOSES.**

WHEREAS, a commercial enterprise has overpaid its business license fees and is
due a refund which has been verified by the Business License Division.

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY
OF ATLANTA, GEORGIA that the Mayor or his designee be and is hereby authorized to
issue a refund check to the following party in the amount indicated:

<u>ACCOUNT NAME</u>	<u>PAYEE</u>	<u>ACCOUNT NUMBER</u>	<u>AMOUNT</u>
Marvin F. Poer & Co.	Marvin F. Poer & Co. 3340 Peachtree Rd, Ste 610 Atlanta, Georgia 30329	052390LGB	\$5,249.81

BE IT FURTHER RESOLVED that said refund shall be charged to and paid from:
FAC 1A01 529010 T31001.



MARVIN F. POER & COMPANY

STATE & LOCAL TAX CONSULTING

ACCREDITED MEMBER
THE NATIONAL COUNCIL OF PROPERTY TAXATION

August 24, 2000

City of Atlanta Licensing Division
City Hall South
55 Trinity Ave. SW, Suite 1350
Atlanta, GA 30335-0317

RE: Account #052390LGB

Dear Mr. Bodiford:

Ms. Rosa Hutchins has contacted me indicating Marvin F. Poer & Co. needed to formally request a refund for the balance of our unused City of Atlanta Business License. As I indicated in my previous letter directed to Ms. Hutchins' attention, our office had relocated on May 31st of this year. The previous address was:

3340 Peachtree Road, Suite 610
Atlanta, GA 30326

Our new address is:

4 Executive Park, Suite 100
Atlanta, GA 30329

This places us within DeKalb county from whom we have already secured the proper business license.

She has stated that a refund of \$5,249.81 is due to the company but must have your final approval for the process to begin. We are now asking for your final approval so that the refund may be processed and mailed to my attention at our Dallas address listed at the bottom of this letter.

Please feel free to call me at (972) 770-1129 should you require further information. I appreciate your assistance with this matter.

Sincerely,

*Sue Brady*Sue Brady
Accounting Manager

*Ms. Brody
Contacted 11/13
and advised
of Council approval
of time.*

800 Three Lincoln Centre 5430 J.R.I. Freeway / LB 15 Dallas, Texas 75240 (972) 770-1100 Fax (972) 770-1101 Web Site: www.mfpocr.com

Received Time JUN 16 10:30 PM
Denver Ft. Lauderdale Houston Los Angeles Minneapolis
San Antonio Seattle Toronto Vancouver B.C. Washington, D.C.

BLA244

BUSINESS LICENSE INFORMATION SYSTEM
BILLING
BILL/ACCOUNT SUMMARY INQUIRYDATE: 10/13/00
TIME: 13:33:56

LICENSE/TAX NO.: 052390 LGB BUSINESS NAME: MARVIN F POER & COMPANY
ACCOUNT STATUS: F C START DATE: 1995-07-28 END DATE:
LOCATION ADDRESS: 3340 PEACHTREE RD NE
ATLANTA GA 30326 -

COMPONENT INFORMATION	BILL	Bill	BILL DUE	BALANCE
RPT. DATE: 2000-01-01	NO	DATE	DATE	DUE 7/8/9
FILE DATE: 2000-05-31	-----	-----	-----	-----
COMP. NO.: 000484105	434331	2000-08-21	2000-10-01	-\$5,249.81
COMP. TYPE: FIN				
CLASS: 6				
SIC CODE: 8999	REMIT	REMIT RELATED	DATE	REMIT
SIC DESC: BUSINESS SERVIC	NO	TYPE	REMIT NO. ENTERED	AMOUNT 10/11
NO. EMPLS.: 20	-----	-----	-----	-----
VOLUME: \$391,707.02	271737	PAY	271737 2000-04-04	-\$3223.40
4/5				
	CURRENT ACCOUNT BALANCE =			-\$5,249.81

* RECORD SUCCESSFULLY FOUND *

1=HELP 2= 3=PREV SCRN 4=COMP FRWD 5=COMP BKWD 6=MEMO LOG
7=BILL FRWD 8=BILL BKWD 9=DSPLY BILL 10=REMT FRWD 11=REMT Bkwd 12=PREV MENU

BUSINESS TAX DIVISION

REFUND REQUEST FORM

Please process a refund on the following account:

ACCOUNT # & TYPE: 052390LGB

REFUND REQUESTED: Marvin F Poer & Company

AMOUNT REQUESTED: \$5,249.81

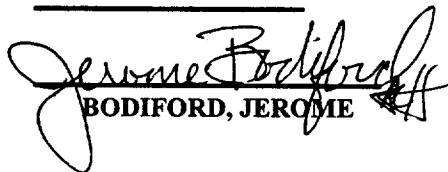
CONFIRMED BY: _____

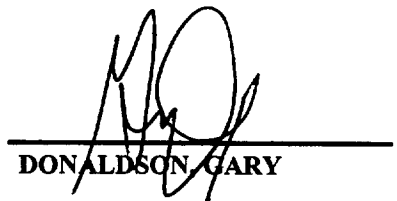
DATE: 10/30/00

TO BE COMPLETED BY PROCESSOR ONLY

DATE D/B TYPED: _____

D/B APPROVED BY:


BODIFORD, JEROME


DONALDSON, GARY

DATE SENT TO ACCOUNTS PAYABLE: _____

CHECK DATE & NUMBER: _____

COMPLETED, COPIED & FILED: _____

Copies given upon request only


Comments:


TRANSMITTAL FORM FOR LEGISLATION

To Mayor's Office:

Greg Pridgeon

(for review & distribution to Executive Management)

Commissioner's Signature: 

Director's Signature: 

From: Originating Dept: Finance/ Business License

Contact (name): Jerome Bodiford 330-6431

Committee(s) of Purview: Finance Committee

Committee Deadline: _____

Committee Meeting Date(s): 11-8-00

City Council Meeting Date: 11-15-00

CAPTION: A Resolution authorizing refunds for the overpayment of Business License fees to Marvin F. Poer & Company in the amount of \$5,249.81; and for other purposes.

BACKGROUND/PURPOSE/DISCUSSION:

The overpayment was made on their Business License fees resulting from moving to a location outside city limits. The Business has requested a refund of this overpayment.

FINANCIAL IMPACT (if any): Refund to be made from General Fund in the amount of \$5,249.81.

OTHER DEPARTMENT(S) IMPACTED: _____

Coordinated Review With: _____

Mayor's Staff Only

Received by Mayor's Office:

11/27/00
(date)

Reviewed:

(initials) (date)

Submitted to Council: _____
(date)

Action by Committee: _____ Approved _____ Adversed _____ Held _____
Amended
_____ Substitute _____ Referred _____ Other